



1200 GRANDVIEW AVENUE • DES MOINES, IOWA 50316-1599
515-263-2800 • WWW.GRANDVIEW.EDU

EMERGENCY CONTACT/INSURANCE FORM

**ATTENTION:
THIS FORM MUST BE RETURNED PRIOR TO PARTICIPATION IN ATHLETICS**

Name of athlete _____

Sport _____ Date of birth _____

Home address _____

City _____ State _____ Zip _____

Cell phone number _____

Emergency Contact Information

Parent/Guardian _____

Phone number _____

Home address _____

City _____ State _____ Zip _____

Medical Insurance Information

Medical insurance company/plan _____

Address _____

City _____ State _____ Zip _____

Policy number _____ Group number _____

Name on policy _____ Birth date of subscriber _____

Insurance company phone number _____

We must have the birth date for the athlete and insurance subscriber. A front and back copy of your insurance card must also be turned in to the head athletic trainer.



HEALTH INSURANCE INFORMATION

PLEASE KEEP THIS LETTER FOR FUTURE REFERENCE

Grand View University is committed to the health and well-being of every student-athlete. Unfortunately, injuries occur during athletic events and athletes may require medical referral. In the event your son or daughter is injured while performing in an in-season athletic practice or athletic event and receives medical attention, please refer to this letter for the payment of medical expenses.

POLICIES AND PROCEDURES CONCERNING MEDICAL EXPENSE COVERAGE

- A. ALL athletes must have proof of personal medical insurance on file with the athletic department at the beginning of each school year to be eligible for participation. Grand View provides a catastrophic medical insurance policy. This policy carries a \$25,000 deductible and takes effect after a student's primary insurance. A copy of the policy terms is available upon request. Student-athletes must carry their own primary medical insurance to participate in athletic practices and competitions.
 - B. All medical expenses for injuries sustained while participating in an athletic event or during an in-season practice session at GV MUST FIRST BE SUBMITTED TO THE STUDENT'S PRIMARY INSURANCE CARRIER WITH COVERAGE UP TO A \$25,000 LIMIT. This policy should be checked by the insured to ensure that the policy covers athletic injuries in ALL 50 STATES AND FOREIGN COUNTRIES. Grand View athletic insurance is an excess insurance policy that covers from \$25,000 up to the policy limit. This coverage is restricted to claims deemed as "catastrophic" and does not cover all injuries. More information can be found on the NAIA website.
 - C. If your insurance is allowed to lapse, you will be responsible for all expenses up to \$25,000. Grand View University and its insurance carrier will not pay any claims not covered by the required policy.
 - D. To be eligible for coverage by the Grand View University insurance policy, athletic-related injuries resulting from participation in a Grand View athletic event or practice must be documented with the Head Coach and/or Athletic Director within 24 hours or as soon as reasonably possible.
 - E. The athletes and/or their parent(s) or guardian(s) will be responsible for the payment of medical services and hospitalization regarding:
 - 1. Pre-existing and congenital medical conditions
 - 2. Non-athletic related injuries
 - 3. Illness (colds, flu, etc.)
 - 4. Medical conditions not related to GV athletic practice or game participation
 - 5. Medical expense for an athletic injury referral not verified by the Head Coach and/or Athletic Director
 - 6. Medication and therapy for any non-athletic injury
 - F. All arrangements for the treatment of athletic injuries must be made before the student-athlete graduates or withdraws from GV. Responsibility for any medical expenses will not be accepted by the catastrophic insurance policy after a period of one year following the date of injury.
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